U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing.  Name Casmier P Bobak  4. Name, file number, and address of labor organization.  Name Laborers District Council of Chgo & Vicinity  Labor Organization File Number [014-796]  P.O. Box, Bidg, Room No., if any Suite 300  Street 959 McClintock Drive  City Burr Ridge State Illinois ZiP Code +4 [0527-0844]  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in an employer whose employees your organization represents of a sactivey selling to findered the following interests (except as appetited in the exclusions set forth in the instructions):  A. Name and address of Employer (including loans) with, or derived income or other economic benefit of monetary value from an employee whose employees your organization represents or is actively selling to the selling loans of the law, that all of the Information submitted in this report (including loans or complete, (See the section on panalities in the instructions)  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the Information submitted in this report (including bin information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and befet, true, correct, and complete. (See the section on panalities in the instructions).  Date Telephone Number:	1. File Number U - 18   52	2. Fiscal Year Covered From:	
Name Casmier    P   Bobak   Name   Laborers District Council of Chgo & Vicinity	`	1 / 1 / 2004 Through: 12 / 31 / 2004	
P.O. Box, Bldg., Room No., if any Suite 300  Street \$999 McClintock Drive  City Burr Ridge  State \$\overline{\text{Tllinois}}\$ ZIP Code +4 \$\overline{\text{60527-0844}}\$ State \$	Name and address of person filing.	4. Name, file number, and address of labor organization.	
P.O. Box, Bidg., Room No., if any Suite 300  Street 959 McClintock Drive  City Burr Ridge  City Burr Ridge  State Illinois ZIP Code + 4 60527-0844  5. Position in labor organization. Organizer  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other exponents benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7. A. Nature of interest, Transaction, or Income.  7. A. Nature of interest, Transaction, or Income.  8. Signature  15. Signature and vorification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signature  16. Signature and vorification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name Casmier P Bobak	Name Laborers District Council of Chgo & Vicinity	
Street 999 McClintock Drive  City Burr Ridge State T1linois ZIP Code + 4 60527-0844  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  7.a. Nature of interest, Transaction, or Income.  7.b. Amount.  Street  City  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 16/19/2005 630/655-8289		Labor Organization File Number 014 - 796	
City Burr Ridge  State Illinois ZIP Code +4 60527-0844  State Illinois ZIP Code +4 60527-0844  State Illinois ZIP Code +4 60527-0844  5. Position in labor organization.  Crganizer  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7.a. Nature of interest, Transaction, or income.  7.b. Amount.  Street  City  State  ZIP Code +4  Signature and vorification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions).  Signed  On 8/9/2005 630/655-8289	P.O. Box, Bldg., Room No., if any Suite 300	P.O. Box, Building and Room Number, if any Suite 300	
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P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 8/9/2005  630/655-8289	A. Held an interest in, engaged in transactions (including loans) with, or demonstry value from an employer whose employees your organization.      Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.	
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Date Telephone Number	Signed Casur Bull	On 8/9/2005 630/655-8289	
		Date Telephone Number	

Name of Person Filing Casmier Bobak		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Chgo Area Laborers-Employers Coop & Educ Tru  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 302  Street 999 McClintock Drive  City Burr Ridge  State Illinois ZIP Code + 4 60527-0844	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ition		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	LECET is a trust tunion laborers in	hat promotes union contractors and the construction industry in a northeastern Illinois.		
Street				
	11.b. Approximate dollar valu	ue of such dealing.		
City	12.a. Nature of interest held	d or income received.		
State ZIP Code + 4	which honors union dedicated to safet	ual safety incentive luncheon contractors' and laborers' y in the construction industry lue of the lunch and coaster is		
	12.b. Amount.	\$56		
	ranoult.	<u>L</u>		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any):	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street		A CONTRACTOR OF THE CONTRACTOR		
City				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Laborers' Training & Apprentice Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1200 Old Gary Ave.  City Carol Stream  State Illinois ZIP Code + 4 60188  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name	9. Business deals with:    X   a. Labor Organization     b. Trust     c. Employer     11.a. Nature of such dealing.     A part-time instructor.			
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  A part-time instructor on Saturdays and evenings for the Laborers' Training Fund.			
	12.b. Amount. \$4,900			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			